

Please type or print in ink.

11 APR -4 PM 12:35

Signature of Clerk

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SCHREIBER JOHN HILBERT

1. Office, Agency, or Court

Agency Name

ALTURAS CITY

COUNCIL MEMBER

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL

► If filing for multiple positions, list below or on an attachment.

Agency: LAFCO

Position: Chairman - boardmember

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/3/11
(month, day, year)

Signature

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>JOHN BARBER SHOP</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>111 MODOC ST</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>BARBERING</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>BARBER</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other <u>HAIR CUT</u> (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____</div> <div style="text-align: right;"><i>City</i></div> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Describe)</i></div>
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FPPC Form 700 (2010/2011) Sch. C
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov